

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:
1

Full Name of First
Inventor (if any)
Inventor's Signature
Inventor's Citizenship

Inventor's Residence
Inventor's Citizenship

Inventor's Office
Address

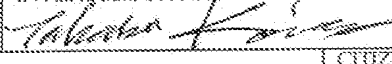
Full Name of Second
Inventor, if any
see above

Full Name of Third
Inventor, if any
see above

Full Name of Fourth
Inventor, if any
see above

Full Name of Fifth
Inventor, if any
see above

Full Name of Sixth
Inventor, if any
see above

GIVEN NAME/FAMILY NAME Takashi KOIDE		INVENTOR'S SIGNATURE 	DATE 11/13/2006
Residence (City, State & Country) Niigata-shi, Niigata, Japan		CITIZENSHIP Japanese	
MAILING ADDRESS (Complete Street Address including City, State & Country) 4-7-43, Kamishin'ei-cho, Niigata-shi, Niigata 950-2076 Japan			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			